

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4	/		/				54				
5		/		/			55				
6		/		/			56				
7	/		/				57				
8		/		/			58				
9		/		/			59				
10	/		/				60				
11		/		/			61				
12	/		/				62				
13		/		/			63				
14		/		/			64				
15		/		/			65				
16		/		/			66				
17		/		/			67				
18		/		/			68				
19		/		/			69				
20		/		/			70				
21		/		/			71				
22		/		/			72				
23		/		/			73				
24		/		/			74				
25		/		/			75				
26		/		/			76				
27		/		/			77				
28		/		/			78				
29		/		/			79				
30		/		/			80				
31		/		/			81				
32		/		/			82				
33		/		/			83				
34		/		/			84				
35		/		/			85				
36		/		/			86				
37		/		/			87				
38		/		/			88				
39		/		/			89				
40		/		/			90				
41		/		/			91				
42		/		/			92				
43		/		/			93				
44		/		/			94				
45		/		/			95				
46		/		/			96				
47		/		/			97				
48		/		/			98				
49		/		/			99				
50		/		/			100				
TOTAL IND.	5		6				TOTAL IND.				
TOTAL DEP.	8		9				TOTAL DEP.				
TOTAL CLAIMS	13		15				TOTAL CLAIMS				